



Lake Washington Girls Middle School AFTER SCHOOL ACTORS' WORKSHOP REGISTRATION FORM

The cost for participation in the Actors' Workshop is \$30. Financial aid is available to those who qualify.

(Please Print)

CONTACT INFORMATION

Student last name:	First:
Parent/guardian last name:	First:
Parent/guardian last name:	First:

REGISTRATION & FEES

Classes will be every Friday, beginning September 11. Class starts promptly at 3:30pm and runs until 5:30pm. Class will be limited to 8 students. All grades are welcome.

Many of us are shy performers. This class is about having fun in the spotlight. In an intimate, supportive, playful environment, we will explore the roots of shyness on stage. We will embrace our nervousness and turn it to our advantage. We'll learn to reach inside ourselves and find something we can share.

With the signature(s) below, permission is hereby granted for _____ (participant) to participate in all classes of Lake Washington Girls Middle School's Actors' Workshop.

This permission is granted without reservation. The signature below indicates a knowing, voluntary release of any claim which might be asserted against Lake Washington Girls Middle School, its Board, officers, teachers, administrative assistants, guest teachers, managers, sponsors, chaperones, designated drivers, volunteers and any other agents representing Lake Washington Girls Middle School. By waiving any right to assert a claim, I am agreeing to release, absolve and indemnify and hold harmless any and all parties previously mentioned for any and all liability arising from any injuries incurred by participating as a member of the Lake Washington Girls Middle School Actors' Workshop.

I, the participant's legal parent or guardian, do understand that insurance may not be provided by Lake Washington Girls Middle School, and do hereby release, absolve and agree to hold harmless Lake Washington Girls Middle School, its Board, officers, teachers, administrative assistants, guest teachers, managers, sponsors, chaperones, designated drivers, volunteers and any other agents representing Lake Washington Girls Middle School in the event of an accident of injury to my child.

This permission also includes my authorization for emergency medical treatment deemed appropriate and necessary by any coach, assistant coach or representative or agent thereof for participant, including transport to the nearest medical facility adequate to treat the emergency.

Participant has the following medical condition(s): _____

FEE FOR PARTICIPATION IN SHY ACTOR'S CLASS:

\$30.00

Please check one:

I qualified for tuition assistance for the current school year at LWGMS and would like assistance with this fee. I can afford to pay _____ toward this program.

Recognizing that the costs of this program will exceed what is covered by student fees, I elect to donate an additional amount to support the after school drama budget.

I will pay the standard \$30.00 fee.

Enclosed is my check, payable to LWGMS, in the amount of:

Parent/guardian signature: _____ Date: _____

